

## PROGRAM ATTENDANCE SHEET

**Alabama Department of Public Health Nursing Division**  
**ABN Provider Number: ABNP0387**  
**ASNA Activity No: 5-91.472**  
**CE Awarded: ABN Hours: 1.7 ASNA Hours: 1.4**

**Program Name:**            Saving the Teen Driver

**Date of Original Program:** October 7, 2008

**Date Viewed:**

**Viewing Method:** Day of Program or Tape-delayed (circle one)

**Location (Where the program was viewed):**

**Site Facilitator:**

<b>PARTICIPANT'S NAME</b> as it appears on the Professional License (please <b>PRINT</b> clearly)	<b>DISCIPLINE</b> (RN, SW, RD, etc., <b>NOT</b> Job Title)	<b>LICENSE NUMBER</b>	<b>AGENCY</b> <b>NO ABBREVIATIONS</b>	<b>ADDRESS</b>

**ADPH Site Facilitator:** Send completed Program Attendance Sheets, evaluation summary and Alabama Board of Nursing Roster Report to Kristi Mitchell, Bureau of Professional and Support Services, Suite 1040, Alabama Department of Public Health, PO Box 303017, Montgomery, AL 36130-3017. Nursing attendance must be uploaded to the Alabama Board of Nursing **BEFORE** this form is submitted.

**Non-ADPH Alabama Participants:** Send completed sign-in sheet and evaluation to above address. Allow four weeks for CE to be uploaded to ABN.

**Out-of-State Participants:** Send completed sign-in sheet and evaluation to above address.

**All Participants:** Date viewed and location must be completed in order to receive CE credit.